

## RECEIVED **CENTRAL FAX CENTER**

MAR 0 3 2005

4845 Pearl East Circle Suite 300 Boulder, CO 80301 (720) 931-3000, Fax (720) 931-3001

Direct Dial Number: (720) 931-3012

2345 Grand Boulevard, Suite 2800 Kansas City, MO 64108-2612 (816) 292-2000, Fax (816) 292-2001

10851 Mastin Blvd. Building 82, Suite 1000 Overland Park, KS 66210-1669 (913) 451-5100, Fax (913) 451-0875

1010 Market Street **Suite 1300** St. Louis, MO 63101-2000 (314) 613-2500, Fax (314) 613-2550

230 Park Avenue Suite 1847 New York, NY 10169 (212) 850-6220, Fax (212) 850-6221 www.lathropgage.com

314 East High Street Jefferson City, MO 65101 (573) 893-4336, Fax (573) 893-5398

1845 S. National Springfield, MO 65808-4288 (417) 886-2000, Fax (417) 886-9126

1200 G Street, N.W. Suite 800 Washington, D.C. 20005 (202) 434-8984, Fax (202) 434-8992

March 3, 2005

From: Dan Cleveland, Jr.

Matter No.: 391087

To:	Company:	Fax Number:	Phone Number:
Group 1652	United States Patent and Trademark Office	(703) 872-9306	

Number of Pages Transmitted (including this cover sheet): 19

Message:

Applicant(s): Ding Shi-You et al.

Serial No.: 09/917,376

Filed: July 28, 2001 Group No.:

1652

Examiner:

Swope, Sheridan

For:

Thermal Tolerant Avicelase From

Acidothermus cellulolyticus

Confirmation No. 9956

If you have a problem receiving this facsimile, please call: (720) 931-3000

Fax Attendant:

#### CONFIDENTIALITY NOTE:

The information in this facsimile message ("fax") is sent by an attorney or his/her agent, is intended to be confidential and for the use of only the Individual or entity named above. The information may be protected by attorney/client privilege, work product immunity or other legal rules. If the reader of this message is not the intended recipient, you are notified that retention, dissemination, distribution or copying of this fax is strictly prohibited. If you receive this fax in error, please notify us immediately by telephone and return it to the address above. Thank you.

# RECEIVED

Ø 002/018

MAR 0 3 2005 PTO/SB/21 (09-04)
Approved for use through 07/21/2006. OMB 0651-0031
U.S. Patem and Traceman Office: U.S. DEPARTMENT OF COMMERCE Under the Pasermank Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid ONB control number.

TRANSMITTAL		Application Number		09/917,376			
		Filing Date		July 28, 2001			
FORM	First Named Invent	tor	Shi-You Ding				
		Art Unit		1652			
(to be used for all correspondence after	initial filing)	Examiner Name		Swope, Sheridan			
Total Number of Pages in This Submiss		Attorney Docket Nu	umber	NREL 01-36			
	ENCLO	OSURES (check all that	et apply)				
Fee Transmittal Form	Drawing(s						
⊠ Fee Attached	Licensing	g-related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final	Petition to Convert to a Provisional Application			Proprietary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter			
Extension of Time Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):			
Express Abandonment Request		for Refund		Fax Cover Sheet			
	CD, Number of CD(s)						
Information Disclosure Statement	Landscape Table on CD						
Certified Copy of Priority Document(s)	Remarks						
Reply to Missing Parts/							
Incomplete Application							
Reply to Missing Parts under 37 CFR1.52 or 1.53	— ··· · · · · · · · · · · · · · · · · ·						
SIGN	NATURE OF	APPLICANT, ATTOR	RNEY, O	R AGENT			
Firm	Lethrop & Gage						
Signature	T T	(O)	<u> </u>				
Printed Name	Dan Cleveland, Jr.						
Oate	March 3, 2005		Reg. No.	38,108			
	CERTIFICA	TE OF TRANSMISSI	ION/MAI	LING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Signature	H1P, 4	DAIR,					
Typed or printed name Prince Pri	ice	/ VM		Date March 3, 2005			

This collection of Information is required by 37 CFR 1.5. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submissing the completed application form to the USPTO. These will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**2005/019** € 1005/019

MAR 0 3 2005 PTO/SB/17 (12-04v2)
Approved for use through 07/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2005  □ Applicant claims small onlity status. See 37 CFR 1.27    Applicant claims small onlity status. See 37 CFR 1.27   Evanther Name   Swopa, Sherdan   Sheya Ding	Effective on 12/08/2004. Fees outsyant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete If Known						
Tor   FY 2005   Free Named Inventor   Shr-You Ding			Application Number 09/917,376							
Applicant claims small entity status. See 37 CFR 1.27   exambur Name   Sweps, Shedden	FEE TRANSMITTAL		Filing Date	July 28, 2001						
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (is) 1.500	fo	or FY 2	2005		First Named Inven	Shi-You Ding	Shi-You Ding			
METHOD OF PAYMENT (check all that apply)  □ Check □ Credit Card □ Money Order □ Non □ Other (please identify): □ Deposit Account Deposit Account Number: 12-0800 □ Deposit Account Name: Lathrop & Gaga LC For the above-Identified deposit account, the Director is hereby subtrotized to (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below □ Charge fee(s) indicated below □ Charge any additional fee(s) or underpayments of fee(s) □ Charge fee(s) Indicated below, except for the filing fee □ Charge fee(s) Indicated below, except for the fil	Applicant claims	small entity s	tatus. See 37 C	FR 1.27	<del> </del>	<del></del>	ian			
METHOD OF PAYMENT (check all that apply)  Check		·			Art Unit	1852		·		
Cheek	TOTAL AMOUNT OF	PAYMENT	(\$) 1,500		Altomey Docket N	o. NREL 01-36				
Cheek	METHOD OF PAYM	IENT (check	all that apply)	<u> </u>						
Deposit Account Deposit Account Number: 12-0800  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated below, except for the filting fee Charge fee(s) indicated on this form. Provide credit card information and internation on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Application Type Fee (S) Fee(S) Fee Paid (S) Fee Did (S) Fee Did (S) Fee Did (S) Fee Did (S) Fee Paid (S) Fee Pa				None [	Other (please ide	entify) ·				
For the above-identified deposit account, the Oirector is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee	I —		•				athrop & C	Sage LC		
Charge fee(s) indicated below   Charge fee(s) Indicated below, except for the filing fee	<del></del>	•								
Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments	<u></u>		-		_			w, excep	t for the filing fee	
WARNING: Information on this form may become public. Credit eard information should not be included on this form. Provide credit card Information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   SEARCH FEES   Small Entity	1			eroayments (				•	•	
BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   SEARCH FEES   Small Entity   Small Entity   Small Entity   Fee(\$)	Unde WARNING: Information	r 37 CFR 1.16	and 1.17 become public		• • •			Provide cre	edit card	
FILING FEES   Small Entity   Small Entity   Fee(\$)   Fe	FEE CALCULATIO	N								
Application Type	1. BASIC FILING,			TION FEES	}					
Application Type	•	FILING								
Utility   300   150   500   250   200   100	Application Type	e Fee (\$							Fees Pald (\$)	
Plant	•			_			-			
Reissuc   300   150   500   250   600   300	Design	200	100	10	0 50	130	6:	5		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant						-	•		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 30 (including Reissues)  Each independent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  Pee (\$)  Fee (\$)  Fee (\$)  Fee (\$)  Fee (\$)  Bank Intity  Fee (\$)  Fee (\$)  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of sach additional 50 or fraction thereof. Fee (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Number of sach additional 50 or fraction thereof. Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Total Sh	Reissuc	300				600				
Fee   S   Fee   S   Fee   S   Fee   S			100		0 0	0	(	•	<del></del>	
Each claim over 20 (including Reissues)  Each independent claim over 30 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings execcd 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$) Fee Paid (\$)  - 100 = / 50 = (round up to a whole number) x =  4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge): Petition for Revival  Registration No.  (Autorney/Agent) 36.108  Telephone (720) \$31-2012		I FEES							Small Entity	
Each independent claims  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  Multiple Dependent Claims  -20 or HP=							<u>F</u>			
Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  - 3 or HP=				sues)			2			
Total Claims   Extra Claims   Fee(\$)   Fee Paid (\$)   Multiple Dependent Claims    -20 or HP=			(merdamg reas	au.						
HP = highest number of total daims paid for, if greater than 20.  Indep. Claims			Claims	Fee(\$)	Fee Paid (\$)	}	<u> </u>	Multiple	Dependent Claims	
Indep. Claims	20 or	HP≕	×		<u> </u>			Fee (\$)	<u>Fès Paid (\$)</u>	
- 3 or HP=	_		-	than 20.					<del></del>	
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = / 50 = (round up to a whole number) x =  4. OTHER FEE(S) Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Petition for Revival 1.500  SUBMITTED BY  Registration No. (Audriney/Agent) 36.108 Telephone (720) 931-3012				<u>Fee(\$)</u>	Fee Pald (\$)	1			į	
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = / 50 = (round up to a whole number) x =  4. OTHER FEE(S) Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Petition for Revival										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	_	-	int clatine paterior, i	і дівасет спап	3.					
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 =			exceed 100 shee	ts of naner (	excluding electron	ically filed sequer	oce or con	nuter	,	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = / 50 = (round up to a whole number) x =  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Petition for Revival									150	
- 100 = / 50 = (round up to a whole number) x =	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Revival  SUBMITTED BY  Registration No. (Audriney/Agent) 36.108  Telephone (720) 931-3012							ereot <u>F</u>	ee (\$)		
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Revival  SUBMITTED BY  Registration No. (Audriney/Agent) 36.108  Telephone (720) 931-3012								<del></del>		
Other (e.g., late filing surcharge): Petition for Revival  SUBMITTED BY  Registration No. (Audriney/Agent) 36.108  Telephone (720) 931-3012	· ·						rees Paid (\$)			
SUBMITTED BY           Signature         Registration No. (Audriney/Agent)         36.108         Telephone         (720) 931-3012	- · · · · · · · · · · · · · · · · · · ·									
Registration No.   (Aucroey/Agent)   36.106   Telephone (720) 931-3012	○### (4.B.)									
Signature (Audriney/Agent) 36.106 Telephone (720) 931-3012	SUBMITTED BY									
	Signature		(	-7/7	_	80 400		Telephone	(720) 931-3012	
	<del></del>	Dan Cleveland, J	dr.		1 (Virgine)/V	in the second		<del></del>		

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete titls form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petiani and Tradismark Office, U.S. Department of Comments, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Paterns, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, cell 1-800-PTO-8199 (1-800-788-9199) and select option 2.

### RECEIVED CENTRAL FAX CENTER

MAR 0 3 2005

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ding Shi-You et al.

Serial No.: 09/917,376

July 28, 2001

1652

Examiner:

Swope, Sheridan

For:

Filed:

Thermal Tolerant Avicelase From | Confirmation No. 9956

Acidothermus cellulolyticus

Group No.:

Mail Stop Petition Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

#### **AMENDMENT**

The Applicant is responding to the office action dated June 16, 2004 and is filed concurrently with a Petition to Revive.

# Written Request Pursuant to 37 CFR '1.136(a)(3):

Please accept this authorization to treat any concurrent or future reply that requires a petition for extension of time for its timely submission as though the reply incorporates a petition for extension of time for the appropriate length of time.

Amendments to the claims begin on page 2 of this paper.

Remarks begin on page 6 of this paper.